

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90101 032 ***138.75

DOCUMENT # L03000025520					
1. Entity Name NAFS L.L.C.					
Principal Place of Business FAMOUS DISCOUNT DELI & GROCERIES 1692 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442			Mailing Address NAFS LLC 1692 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1006 WINDSONG CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State GLENDALE HEIGHTS, IL		4. FEI Number 57-1183291	
Zip		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBANI, NIZAR NAFS LLC 1692 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442 N/A		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City N/A FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBANI, NIZAR 3856 CORAL TREE CIRCLE COCOCNUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1006 WINDSONG CIRCLE GLENDALE HEIGHTS, IL 60139 USA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBANI, SHAMIM 3856 CORAL TREE CIRCLE COCOCNUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1006 WINDSONG CIRCLE GLENDALE HEIGHTS, IL 60139 USA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBANI, SHAMIM 3856 CORAL TREE CIRCLE COCOCNUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1006 WINDSONG CIRCLE GLENDALE HEIGHTS, IL 60139 USA	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			NIZAR A. DOBANI MGRM		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: Feb 25/2008 (416) 497-3113		